2019 Summary of Benefits COLORADO

Clear Spring Health Essential PPO

H2020, Plan 001 January 1, 2019 - December 31, 2019

Clear Spring Health is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage." You can obtain a copy of our Evidence of Coverage by calling us at 877-384-1241, TTY: 711 or visiting our website at www.clearspringhealthcare.com.

To join **Clear Spring Health** (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Colorado: Adams, Arapahoe, Boulder, Denver, Douglas, Jefferson, Larimer and Weld.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare,look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.
TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-877-384-1241 (TTY:711) or visit us at www.clearspringhealthcare.com. Our call center is open from 8:00 am to 8:00 pm, Monday through Friday from April 1 through September 30 and 8:00 am to 8:00 pm, Monday through Sunday from October 1 through March 31.You may leave a voicemail Saturday, Sunday and Federal Holidays.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-384-1241 (TTY:711).

Clear Spring Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Premiums and Benefits	Clear Spring Health Essential PPO **In-Network**	Clear Spring Health Essential PPO **Out -of-Network**
Monthly Plan Premium	You pay $28 You must continue to pay your Medicare Part B premium.	
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than $6,700 annually Includes copays and other costs for medical services for the year.	You pay no more than $10,000 annually. Combined with in – network maximum out of pocket. Includes copays and other costs for medical services for the year.
Inpatient Hospital	You pay $320 per day for days 1 through 5 You pay nothing per day for days 6 through 90	You pay 40% days 1 through 90
Outpatient Hospital	You pay $300	You pay 40%
Doctor Visits • **Primary** • **Specialists**	 You pay $10 You pay $45	 You pay 40% You pay 40%

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Premiums and Benefits	Clear Spring Health Essential PPO **In-Network**	Clear Spring Health Essential PPO **Out -of-Network**
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing Other preventive services are available. There are some covered services that have a cost.	You pay 40%
Emergency Care	You pay $90.	You pay 40%
Urgently Needed Services	You pay $35	You pay 40%
Diagnostic Services/Labs/Imaging		
• **Diagnostic tests and procedures**	You pay 20%	You pay 40%
• **Lab services**	You pay nothing	You pay 40%
• **MRI, CAT Scan**	You pay 20%	You pay 40%
• **X-Rays**	You pay $35	You pay 40%

HEARING SERVICES

Supplemental Benefit		
• **Routine hearing exam**	You pay nothing. One routine hearing exam is allowed annually.	You pay 40%
• **Hearing aid**	$500 annual allowance. Combined in- and out-of-network	$500 annual allowance. Combined in- and out-of-network
Medicare covered benefits Hearing Exams	You pay $45 per visit	You pay 40%

DENTAL SERVICES

Preventive — Supplemental Benefit		
• **Oral exam & Cleaning**	You pay nothing	
• **Fluoride & X-Rays**	You pay nothing	
• **Maximum benefit**	$500 annual allowance. Combined in- and out-of-network	
Comprehensive — Medicare Covered Benefits only	Your pay $45	You pay 40%

VISION SERVICES

Supplemental Benefits		
• **Routine eye exam**	You pay nothing. One routine eye exam is allowed annually	You pay 40%
• **Eyeglasses (frames and lenses)**	$150 annual total allowance. Combined in- and out-of-network	
Medicare covered benefits only Eye exams	Your pay $45	You pay 40%

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Premiums and Benefits	Clear Spring Health Essential PPO **In-Network**	Clear Spring Health Essential PPO **Out -of-Network**
Mental Health Services • **Outpatient group therapy/ individual therapy visit** • **Inpatient**	You pay $40. You pay $275 days 1 through 6 You pay nothing days 7 through 90	You pay 40% You pay 40% days 1 through 90
Skilled Nursing Facility	You pay nothing days 1 through 20 You pay $172 days 21 through 100	You pay 40% days 1 through 100
Physical Therapy	You pay $40.	You pay 40%
Ambulance	You pay $275	
Transportation	Not covered	
Medicare Part B Drugs	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	You pay 40% of the cost of chemotherapy drugs. You pay 40% of the cost of other Part B drugs

Outpatient Prescription Drugs			
Deductible	You pay $0 Tiers 1 and 2; $95 Tiers 3, 4 and 5		
Initial Coverage	Retail Rx 30-day supply	Retail Rx 90-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic	You pay $2	You pay $0	You pay $0
Tier 2: Non-Preferred Generic	You pay $7	You pay $21	You pay $16
Tier 3: Preferred Brand	You pay $47	You pay $141	You pay $136
Tier 4: Non-Preferred Brand	You pay $100	You pay $300	You pay $300
Tier 5: Specialty Tier	You pay 31%	N/A	N/A
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. Tiers 1 and 2 have out-of-network benefits. Tiers 3, 4 and 5 are only covered in-network.			

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Premiums and Benefits	Clear Spring Health Essential PPO
Extra/Enhanced Benefits	
• **Worldwide Emergency Coverage**	You pay $90
• **Fitness Benefit**	Silver and Fit: Basic membership to one plan approved fitness facility or 2 home workout kits per year.
• **Remote access technologies**	Nursing hotline and Web/phone-based technologies: 12 visits per year, limited to Behavioral Health Specialist, Nutritionist
• **Additional sessions of Smoking and Tobacco Cessation**	An additional 4 visits will be offered in addition to Medicare covered benefits.
• **Enhanced alternative Rx**	Certain excluded drugs covered as a part of supplemental coverage (e.g. Drugs to treat erectile dysfunction)